Texas Ethics Commission	P.O. Box 12070 Austin, Texas 78711-2070			(512)463-5800 1-800-325-8506	
1	NDIDATE / OFFICEI	HOLDFP	6702	FORM JC/OH OVER SHEET PG 1	
The JC/OH INSTRUCTION G	UIDE explains how to complete this fo	orm. (Ethic	OUNT # s Commission filers) 12345	2 PAGE # 1 of 57	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST John		MI	OFFICE USE ONLY	
NAME	NICKNAME LAST Lipscomb	be	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; PO Box 303520 Austin, TX 78703	спу;	STATE; ZIP CODE	Date Hand-Delivered of Date Postmarked	
Change of Address				Receipt # Amount U	
5 CAMPAIGN TREASURER	MS/MRS/MR FIRST John		MI	Date Processed	
NAME	NÍCKNÁME LAST Lipscomb	. ,	SUFFIX	Date Imaged	
	•				
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 6600 Mesa Dr Austin, TX 78731	APT / SUITE #;	CITY; STATE:	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 826-5517		EXTENSION		
8 REPORT TYPE		before election	Runoff	15th day after campaign treasurer appointment (officeholder only)	
	July 15 8th day be	efore election	Exceeded \$500 limit	Final report (Attach C/OH - FR)	
9 PERIOD COVERED	Month Day Year 08/01/2007	THROUGH	Month Day 12/31/20	Year 07	
10 ELECTION	ELECTION DATE EL Month Day Year	LECTION TYPE			
		X Primary	Runoff	General Special	
11 OFFICE	OFFICE HELD (if any)	1	OFFICE SOUGHT (if known) County Court at Law	v District 8	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are car Candidates are required to disclose this in				
BY OTHER INDIVIDUALS	Name				
additional pages	Address/PO Box; Apt. / Suite #: City;	State; Zip Code			
GO TO PAGE 2					

·		x 12070 Austin, Texas 78711-2070 (512) OFFICEHOLDER REPORT:	FORM JC/OH COVER SHEET PG 2
15 C/OH NAME LI PSC	ombe.	John 16.	ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for no may have been made.	stice of political expenditures by political committees to support the candid e without the candidate's or officeholder's knowledge or consent. Candida if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME	·
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	OOLUNTEE OLUNDAN PRESENTAN	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
8 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1585,00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 54,960.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ 365.84
•	4. TOTAL	POLITICAL EXPENDITURES	\$ 41,724,58
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA REPORTING PERIOD	\$ 16,798.26
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	\$ 10,000,00
	ERESA ALBAREZ GAI Hotary Public, State of Texa Jommission Expires 08-02	true and correct and includes all information under Title 15, Election Code.	erjury, that the accompanying report is mation required to be reported by me date or Office folder

, to certify which, witness my hand and seal of office.

Print name of officer administering oath

Signature of officer administering cent

ALBAREZ GARCIA

Title of officer administering oath

0 L .						
The Instruction	ON GUIDE explains how to complete this form.		 	1 PAGE#		
THE INSTRUCTA	on Soide explains now to complete this form.			Schedule: 1/4	2 Report: 3/57	
2 FILER NAME	Lipscombe, John			3 ACCOUNT# (Ethics Commission filers)	
				00012345		
4 Date	5 Full name of contributor	¥		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
08/30/2007	6 Contributor address; City; State; Zip Code 1012 Rio Grande Austin, TX 78701			\$250.00	 	
				(if travel outside of	Texas, complete Schedule T)	
9 Contributor's	principal occupation	10	Contributor's job	title ·		
11 Contributor's e Kent Anschu	employer / law firm utz Attorney at Law	12	Law firm of cont	ributor's spouse (if a	ny)	
13 If contributor i	s a child, law firm of parent(s) (if any)	·				
Date	Full name of contributor	#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/02/2007	Contributor address; City; State; Zip Code 1609 Shoalwood Creek Blvd Ste 300 Austin, TX 78701			\$250.00	! ! !	
				(if travel outside of	Texas, complete Schedule T)	
Contributor's attorney	orincipal occupation		Contributor's job	title		
	employer / faw firm Attorney at Law		Law firm of contributor's spouse (if any)			
If contributor i	s a child, law firm of parent(s) (if any)	·——				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/06/2007	Contributor address; City; State; Zip Code 700 Lavaca St Ste 1150	• •		\$100.00	 	
	Austin, TX 78701	.		L	Texas, complete Schedule T)	
Contributor's	principal occupation		Contributor's job	o title		
	employer / law firm th Attorney at Law		Law firm of cont	ributor's spouse (if a	ny)	
If contributor i	s a child, law firm of parent(s) (If any)	<u>. </u>	· <u>-</u> ·			

				,	
The I NSTRUCTI	ON QUIDE explains how to complete this form.			1 PAGE#	
			Schedule: 2/42 Report: 4/57		
2 FILER NAME	Lipscombe, John			3 ACCOUNT# ((Ethics Commission filers)
				00012345	
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/29/2007	6 Contributor address; City; State; Zip Code 5427 Austral Loop Austin, TX 78739			\$100.00	!
				(If travel outside of	Texas, complete Schedule T)
9 Contributor's Assistant Di	principal occupation rector	10	Contributor's job Assistant Direc		
	employer / law firm ty Attorney Office	12	Law firm of contr	ributor's spouse (if a	ny)
13 If contributor i	s a child, law firm of parent(s) (if any)	1		* /*	
Date	Full name of contributor	#		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/21/2007	Contributor address; City; State; Zip Code P.O. Box 360			\$250.00	
	Manor, TX 78653			(if travel outside of	Texas, complete Schedule T)
Contributor's	principal occupation		Contributor's job	title	
	employer / ław firm of Jamie Bałagia P.C.		Law firm of contr	ributor's spouse (if a	ny)
If contributor i	s a child, law firm of parent(s) (if any)	<u> </u>			
Date	Full name of contributor	#		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/13/2007	Contributor address; City; State; Zip Code 9207 Amberwood Cove Austin, TX 78759	, ,		\$100.00	
	· 			(If travel outside of	Texas, complete Schedule T)
Contributor's Attorney	principal occupation		Contributor's job	title	
Contributor's self	employer / law firm		Law firm of cont	ributor's spouse (if a	ny)
If contributor	is a child, law firm of parent(s) (if any)				

POLITICAL CONTRIBUTIONS

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 3/42 Report: 5/57
2 FILER NAME	Lipscombe, John		3 ACCOUNT # (Ethics Commission filers)
			00012345
4 Date	5 Full name of contributor out-of-state PAC (ID#	<u> </u>	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
09/13/2007	6 Contributor address; City; State; Zip Code 12100B FM969 Austin, TX 78724		\$100.00
			(If travel outside of Texas, complete Schedule T)
9 Contributor's p Principal	orincipal occupation	10 Contributor's join Principal	b title
11 Contributor's e Beard Devel		12 Law firm of con	tributor's spouse (if any)
13 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	<u> </u>	Amount of In-kind contribution contribution (\$) description (if applicable)
11/01/2007	Contributor address; City; State; Zip Code 4408 Spicewood Springs Rd Austin, TX 78759		\$200.00
	Ausuri, TA 70739		(If travel outside of Texas, complete Schedule T)
Contributor's p	orincipal occupation	Contributor's jo	b title
	employer / law firm Beeson Attorney	Law firm of con	tributor's spouse (if any)
If contributor i	s a child, law firm of parent(s) (if any)	<u> </u>	
Date	Full name of contributor)	Amount of In-kind contribution contribution (\$) description (if applicable)
10/31/2007	Contributor address; City; State; Zip Code 5607 Montview St		\$500.00
	Austin, TX 78756		(If travel outside of Taxas, complete Schedule T)
Contributor's p	I principal occupation	Contributor's jo	<u> </u>
Contributor's e	employer / law firm	Law firm of con	tributor's spouse (if any)
If contributor i	s a child, law firm of parent(s) (if any)		

POLITICAL CONTRIBUTIONS OTHER THAN DI EDGES OR LOAMS / HIDICIAL)

OTTILI	THAN PLEDG	ES ON LOA	140 (30010	<u> </u>	
The Instructi	ON GUIDE explains how to com	niete this form.		1 PAGE#	
The the model of the explains now to complete and form			Schedule: 4/4	2 Report: 6/57	
2 FILER NAME	Lipscombe, John			3 ACCOUNT# (Ethics Commission filers)
				00012345	
4 Date	5 Full name of contributor Bibus, Fred	out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (If applicable)
09/15/2007	6 Contributor address; C 11701 Onion Hollow Ro Austin, TX 78739	City; State; Zip Code		\$500.00	
				(if travel outside of	Texas, complete Schedule T)
9 Contributor's doctor	principal occupation		10 Contributor's job	title	
11 Contributor's State of Tex	employer / law firm as		12 Law firm of cont	ributor's spouse (if ar	ıy)
13 If contributor i	s a child, law firm of parent(s) (if	any)	<u> </u>		
Date	Full name of contributor	out-of-state PAC (ID#	, ,	Amount of	In-kind contribution
Dato	Bingaman, Wade		·	contribution (\$)	description (if applicable)
				****	l
10/25/2007	Contributor address; 409 W 14th St Austin, TX 78701	City; State; Zip Code		\$250.00	
				(if travel outside of	Texas, complete Schedule T)
Contributor's	principal occupation		Contributor's job	title	
Contributor's	employer / law firm		Law firm of cont	ributor's spouse (if a	
	gaman Attorney at Law				.,
If contributor i	s a child, law firm of parent(s) (if	any)			
Date	Full name of contributor	out-of-state PAC (ID)	¥ \	Amount of	In-kind contribution
Date	Blackburn, Ben		, <u></u>	contribution (\$)	description (if applicable)
11/29/2007	Contributor address; C	City; State; Zip Code		\$100.00	!
	Austin, TX 78703				·
				(If travel outside of	Texas, complete Schedule T)
Contributor's Attorney	principal occupation		Contributor's job	title	
Contributor's self	employer / law firm		Law firm of cont	ributor's spouse (if a	ny)
If contributor	s a child, law firm of parent(s) (if	any)			

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The Instructi	on Guid€ explains how to complete this form.		1 PAGE#	
			1 -	2 Report: 7/57
2 FILER NAME	Lipscombe, John		3 ACCOUNT# ((Ethics Commission filers)
			00012345	
4 Date	5 Full name of contributor out-of-state PAC (ID)#)	7 Amount of	8 In-kind contribution
	Błackburn, Benjamin		contribution (\$)	description (if applicable)
	ĺ			{
11/01/2007	6 Contributor address; City; State; Zip Code		\$500.00	1
	PO Box 300746			I I
	Austin, TX 78703			1
			(if travel outside of	Texas, complete Schedule T)
9 Contributor's	I	10 Contributor's job	<u>L </u>	
Attorney	principal occupation	TO Continuors just	uue euu	
ritority				
11 Contributor's	employer / law firm	12 Law firm of cont	ributor's spouse (if a	ny)
self				•
13 If contributor i	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor	#	Amount of	In-kind contribution
	Blackwell, Betty		contribution (\$)	description (if applicable)
	<u>[</u>			1
09/21/2007	Contributor address; City; State; Zip Code		\$1,000.00	1
	1306 Nueces Street			1
	Austin, TX 78701		1	•
			(If travel outside of	Texas, complete Schedule T)
Contributor's	principal occupation	Contributor's job	title	
		 		
	employer / law firm	Law firm of cont	ributor's spouse (if a	ny)
вету васку	vell Attorney at Law			
If contributor	s a child, law firm of parent(s) (if any)	1		·····
ii contributor i	a a and, law min or parames, in any,			
Date	Full name of contributor out-of-state PAC (ID)#)	Amount of	In-kind contribution
24.0	Blackwell, Betty		contribution (\$)	description (if applicable)
				!
11/29/2007	Control of the Carlo Car		\$500.00	1
	Contributor address; City; State; Zip Code 1306 Nueces St			1
	Austin, TX 78701			1
			/If travel outside of	Texas, complete Schedule T)
	<u> </u>	1 6 . 3	<u> </u>	Texas, complete ochecule 1)
	principal occupation	Contributor's job	o title	
Attorney				
Contributore	employer / law firm	I aw firm of cont	ributor's spouse (if a	nv)
self	surproyal / law min	Law min or cont	inarior a aborace (ii q	וניי
ÇCII				
If contributor i	s a child, law firm of parent(s) (if any)	·		
	Kanamarak ta man			•
<u>.</u>				

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The faction color color control of the form.			Schedule: 6/4	Schedule: 6/42 Report: 8/57		
2 FILER NAME	Lipscombe, John			3 ACCOUNT# (Ethics Commission filers)	
				00012345		
4 Date	5 Full name of contributor out-of-state PAC (ID:	¥		7 Amount of	8 In-kind contribution	
	Bryan, Frank			contribution (\$)	description (if applicable)	
44/00/0007				*400.00	1	
11/26/2007	6 Contributor address; City; State; Zip Code			\$100.00	1	
	Littlefield Building 106 E 6th St				1	
	Austin, TX 78701			(If traval outside of	Texas, complete Schedule T)	
9 Contributor's	crincipal occupation	10	Contributor's job	<u> </u>	Texas, complete ochadas 1)	
attorney	янсіраі оссарацоп	" ا	Contabalor 8 job	, and		
11 Contributor's		12	Law firm of contr	ributor's spouse (if a	ny)	
The Law Off	ice of Frank Bryan	ĺ				
13 If contributor is	13 If contributor is a child, law firm of parent(s) (if any)					
				<u> </u>		
Date	Full name of contributor out-of-state PAC (ID:	#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Buford and Gonzalez LLP			(4)	1	
09/13/2007	Office Processing			\$100.00	1	
	Contributor address; City; State; Zip Code P.O. Box 684556			}	1	
	Austin, TX 78768				l	
				(if travel outside of	Texas, complete Schedule T)	
Contributor's p	orincipal occupation		Contributor's job	title		
Contributor's	employer / law firm	\vdash	Law firm of cont	ributor's spouse (if a	ny)	
	Sonzalez LLP			•	•	
16			<u>.</u>			
if contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor out-of-state PAC (ID:	¥)	Amount of	In-kind contribution	
	Buford and Gonzalez LLP			contribution (\$)	description (if applicable)	
44/04/0007				6400.00	[
11/01/2007	Contributor address; City; State; Zip Code			\$100.00	1	
-	P.O. Box 684556 Austin, TX 78768			-	1	
				(If travel outside of	Texas, complete Schedule T)	
Contributor's	principal occupation		Contributor's job		Tatas, somplete somethin	
Continuitor 8	ninsipai cocupativit		Continuon a jou	. 400		
			•			
	employer / law firm	ļ	Law firm of cont	tributor's spouse (if a	ny)	
Butord and (Sonzalez LLP					
if contributor is	s a child, law firm of parent(s) (if any)					

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The American	Company of the second of the s		1 PAGE#			
THE INSTRUCTION	ON Guide explains how to complete this form.		Schedule: 7/4	Schedule: 7/42 Report: 9/57		
2 FILER NAME	Lipscombe, John		3 ACCOUNT# (Ethics Commission filers)		
[00012345			
4 Date	5 Full name of contributor	#	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
11/29/2007	6 Contributor address; City; State; Zip Code P.O. Box 684566 Austin, TX 78768		\$100.00	 		
			(If travel outside of	Texas, complete Schedule T)		
9 Contributor's p	principal occupation	10 Contributor's job	titie			
11 Contributor's of Buford and (employer / law firm Gonzalez Lt.P	12 Law firm of conti	ributor's spouse (if a	ny)		
13 If contributor is a child, law firm of parent(s) (if any)						
Date	Full name of contributor	#	Amount of contribution (\$)	In-kind contribution description (if applicable)		
11/29/2007	Contributor address; City; State; Zip Code 18410 FM 969 Manor, TX 78653		\$100.00	1 		
	Mailor, 12 70055		(if travel outside of	Texas, complete Schedule T)		
Contributor's p	principal occupation	Contributor's job	title			
Contributor's e self	amployer / law firm	Law firm of contributor's spouse (if any)				
If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor	#	Amount of contribution (\$)	In-kind contribution description (if applicable)		
11/28/2007	Contributor address; City; State; Zip Code 1301 S I H 35 Ste 304 Austin, TX 78741		\$250.00	i i		
			(If travel outside of	Texas, complete Schedule T)		
Contributor's r	principal occupation	Contributor's job	<u> L ` </u>			
00/11/00/07						
	employer / taw firm Carmona Attorney at Law	Law firm of cont	ributor's spouse (if a	ny)		
if contributor i	s a child, law firm of parent(s) (if any)					

	OTTIER	THAN PLEDGES OR LOA	אסטוני) פא		
	The I NSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE#	
<u> </u>				1 -	Report: 10/57
2	FILER NAME	Lipscombe, John		3 ACCOUNT# (E	Ethics Commission filers)
				00012345	
4	Date	5 Full name of contributor ut-of-state PAC (ID: Carr, Bob	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
i	11/20/2007	6 Contributor address; City; State; Zip Code 4826 Highway 71 E Del Valle, TX 78617		\$1,000.00	
				(If travel outside of T	exas, complete Schedule T)
9	Contributor's p Attorney	principal occupation	10 Contributor's jo	ob title	
11	Contributor's e self	employer / law firm	12 Law firm of cor	ntributor's spouse (if an	γ)
13	If contributor is	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor	<u> </u>	Amount of	In-kind contribution
		Cofer, Richard		contribution (\$)	description (if applicable)
l				li	
	09/19/2007	Contributor address; City; State; Zip Code		\$100.00	
Ī		3016 Guadalupe #312 Austin, TX 78705		[
		Ausuii, 1X 70700		(if travel outside of T	exas, complete Schedule T)
	Contributor's political cons	orincipal occupation sultant	Contributor's jo political cons		
	Contributor's e self	employer / law firm	Law firm of cor	ntributor's spouse (if an	y)
	1 If contributor is	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor)	Amount of	In-kind contribution
	-4.0	Davis, Ira		contribution (\$)	description (if applicable)
	08/30/2007	Contributor address; City; State; Zip Code 1012 Rio Grande		\$250.00	
		Austin, TX 78701		 { f travel outside of T	exas, complete Schedule T)
	Contributor's p	principal occupation	Contributor's jo	ob title	
	Contributor's e	employer / law firm	Law firm of cor	ntributor's spouse (if an	y)
	self				
	If contributor is	s a child, law firm of parent(s) (if any)			

OTTILL	TRAN PLEDGES			<u> </u>	
The I watruction	ж Guide explains how to complete th	nis form.		1 PAGE#	
				Schedule: 9/42	Report: 11/57
2 FILER NAME	Lipscombe, John			3 ACCOUNT# (E	Ethics Commission filers)
				00012345	
4 Date	5 Full name of contributor ☐ out- De La Rosa, Ron	-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/01/2007	6 Contributor address; City; S 1106 San Antonio Austin, TX 78701	State; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$100.00 I	
				(If travel outside of 7	Texas, complete Schedule T)
9 Contributor's p	rincipal occupation	10	Contributor's job	title	
	mployer / law firm f Ron De La Rosa	12	Law firm of contr	lbutor's spouse (if an	y)
13 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-	of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/01/2007	Contributor address; City; S P.O. Box 5995 Austin, TX 78763	State; Zip Code	,	\$2 50.00	
10	,			(If travel outside of I	exas, complete Schedule T)
Contributor's p	rincipal occupation		Contributor's job	title	
Contributor's e self	employer / law firm		Law firm of contr	ibutor's spouse (if an	у)
If contributor is	a child, law firm of parent(s) (if any)				
Date	Full name of contributor	of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/27/2007	12009 Tanglebriar Tr	State; Zip Code		\$100.00	
	Austin, TX 78750			(if travel outside of I	Fexas, complete Schedule T)
Contributor's pretired	rincipal occupation		Contributor's job retired	title	
Contributor's e retired	mployer / law firm		Law firm of contr	ibutor's spouse (if an	у)
If contributor is	a child, law firm of parent(s) (if any)				

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The I NSTRUCTION	ON GUIDE explains how to complete this form.			1 PAGE#	
				Schedule: 10/	/42 Report: 12/57
2 FILER NAME	Lipscombe, John			3 ACCOUNT# (Ethics Commission filers)
L				00012345	
4 Date	5 Full name of contributor ut-of-state PAC (ID: Dilworth, Coke	#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/28/2007	6 Contributor address; City; State; Zip Code 415 Brady Lane Austin, TX 78746			\$100.00	
	<u> </u>			(if travel outside of	Texas, complete Schedule T)
9 Contributor's p Attorney	principal occupation	10	Contributor's job	title	
11 Contributor's e self	employer / law firm	12	Law firm of contr	ributor's spouse (if a	ny)
13 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/18/2007	Contributor address; City; State; Zip Code 603 W. 12th Street Suite 270 Austin, TX 78701			\$1,000.00	
				(If travel outside of	Texas, complete Schedule T)
Contributor's p	principal occupation		Contributor's Job	title	
	employer / law firm ndt and Associates PLLC		Law firm of contr	ributor's spouse (if a	ny)
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/03/2007	Contributor address; City; State; Zip Code 6404 Oasis Dr Austin, TX 78749		· • • • • • • • • • • • • • • • • • • •	\$100.00	!
	740sin, 1770740			(If travel outside of	Texas, complete Schedule T)
Contributor's n	Included a compation		Contributor's job	L <u>.</u>	,
Asst City Atty			Contributor 3 jour		
Contributor's e City of Austir	employer / law firm		Law firm of contr	ributor's spouse (if a	ny)
If contributor is	s a child, law firm of parent(s) (if any)				

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	w control of the complete this form.			Schedule: 11	/42 Report: 13/57
2 FILER NAME	Lipscombe, John			3 ACCOUNT#	Ethics Commission filers)
				00012345	
4 Date	5 Full name of contributor out-of-state PAC (ID Dunham and Rogers	#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/01/2007	6 Contributor address; City; State; Zip Code 1800 Guadalupe St Austin, TX 78701	• • •		\$2,500.00	
		,			Texas, complete Schedule T)
9 Contributor's p	rincipal occupation	10	Contributor's job	o title	
11 Contributor's e Dunham & R		12	Law firm of cont	ributor's spouse (if a	ny)
13 If contributor is	s a child, law firm of parent(s) (if any)	-			
Date	Full name of contributor	#		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/16/2007	Contributor address; City; State; Zip Code 700 Lavaca Street Austin, TX 78701			\$250.00	1
!				(If travel outside of	Texas, complete Schedule T)
Contributor's p Attorney	rincipal occupation		Contributor's job	title	
Contributor's e self	mployer / law firm	Law firm of contributor's spouse (if any)			
If contributor is	s a child, law firm of parent(s) (if any)		\.		
Date	Full name of contributor	# <u></u>		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/01/2007	Contributor address; City; State; Zip Code 8313 Asmara Drive Austin, TX 78750	- •		\$100.00	; []
				(If travel outside of	Texas, complete Schedule T)
Contributor's p Attorney	rincipal occupation		Contributor's job	o title	
Contributor's e self	employer / law firm		Law firm of cont	uibutor's spouse (if a	ny)
If contributor is	s a child, law firm of parent(s) (if any)				

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The Instructs	ON GUIDE explains how to complete this form.			1 PAGE#		
				Schedule: 12	/42 Report: 14/57	
2 FILER NAME	Lipscombe, John			3 ACCOUNT# (Ethics Commission filers)	
				00012345		
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
09/26/2007	6 Contributor address; City; State; Zip Code 2222 Mockingbird Drive Round Rock, TX 78681			\$250.00	 	
				(if travel outside of	Texas, complete Schedule T)	
9 Contributor's Attorney	principal occupation	10	Contributor's job	title		
11 Contributor's e self	employer / law firm	12	Law firm of contr	ributor's spouse (if a	ny)	
13 If contributor i	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor	#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/27/2007	Contributor address; City; State; Zip Code 37 Lovegrass Ln			\$250.00	 	
	Austin, TX 78745			(If travel outside of Texas, complete Schedule T)		
0-46-4-4		1	Cantibutada iab	L_:	Texas, complete scripture 1/	
Attorney	principal occupation		Contributor's job			
Contributor's e	employer / ław firm	Law firm of contributor's spouse (if any)				
If contributor i	s a child, law firm of parent(s) (if any)	•				
Date	Full name of contributor	#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/01/2007	Contributor address; City; State; Zip Code 507 W 10th St Austin, TX 78701			\$250.00	: 	
				(If travel outside of	Texas, complete Schedule T)	
04-5-4-3		r	Contributed		Towns, complete deliberate 1)	
Attorney	principal occupation		Contributor's job	tue		
Contributor's employer / law firm self			Law firm of cont	ributor's spouse (if a	ny)	
if contributor is	s a child, law firm of parent(s) (if any)					

	The Instruction	GUIDE explains how to complete this form.	•	1 PAGE#	
	- Ing instruction	one explains flow to complete this form.		Schedule: 13/42 Report: 15/57	
2	FILER NAME	Lipscombe, John		3 ACCOUNT # (Ethics Commission filers)	
				00012345	
4	Date	5 Full name of contributor		7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)	
1	0/16/2007	6 Contributor address; City; State; Zip Code P.O. Box 5120 Temple, TX 76504		\$100.00 	
				(If travel outside of Texas, complete Schedule T)	
9	Contributor's p	rincipal occupation 1	O Contributor's job	title	
11	Contributor's e self	imployer / law firm 1	2 Law firm of cont	ributor's spouse (if any)	
13	If contributor is	a child, law firm of parent(s) (if any)			
	Date	Full name of contributor ut-of-state PAC (ID#_		Amount of In-kind contribution	
	Daio	Fitzgerald and Meissner P.C.		contribution (\$) description (if applicable)	
1	0/24/2007	Contributor address; City; State; Zip Code 812 San Antonio Ste 400		\$250.00	
		Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
	Contributor's p	rincipal occupation	Contributor's job	title	
		mployer / law firm id Meissner P.C.	Law firm of contributor's spouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor		Amount of In-kind contribution contribution (\$) description (if applicable)	
1	1/05/2007	Contributor address; City; State; Zip Code 1800 Guadalupe St		\$500.00	
		Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
	Contributor's p	rincipal occupation	Contributor's job	title	
, =		mployer / law firm of Ben C. Florey Jr.	Law firm of cont	ributor's spouse (if any)	
	If contributor is	a child, law firm of parent(s) (if any)			

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The I wateuch	ON GUIDE explains how to complete this form.			1 PAGE#		
				Schedule: 14	/42 Report: 16/57	
2 FILER NAME	Lipscombe, John			3 ACCOUNT#	(Ethics Commission f	ilers)
				00012345		
4 Date	5 Full name of contributor ut-of-state PAC (ID: Florey, Ben	#)	7 Amount of contribution (\$)	8 In-kind contri description (if ap	
11/29/2007	6 Contributor address; City; State; Zip Code 1800 Guadalupe St Austin, TX 78701			\$100.00	 	
				(if travel outside of	Texas, complete Sche	dule T)
9 Contributor's p Attorney	orincipal occupation	10	Contributor's job	tiVe		
11 Contributor's e self	employer / law firm	12	Law firm of contr	ributor's spouse (if a	ny)	
13 If contributor i	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor	‡		Amount of contribution (\$)	In-kind contri description (if ap	
09/27/2007	Contributor address; City; State; Zip Code 404 W 13th Street Austin, TX 78701			\$250.00	! !	
				(if travel outside of	Texas, complete Sche	dute 1)
Contributor's p	principal occupation		Contributor's job	title		
	employer / law firm x Attorney at Law	Law firm of contributor's spouse (if any)				
If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor	¥		Amount of contribution (\$)	In-kind contri description (if ap	
10/26/2007	Contributor address; City; State; Zip Code 1302 West Ave Austin, TX 78701			\$250.00	l I	
				(if travel outside of	Texas, complete Sche	dule T)
Contributor's p	I. principal occupation		Contributor's job	title		<u> </u>
	employer / law firm Garcia Jr. Attorney		Law firm of cont	ributor's spouse (If a	ny)	
If contributor is	s a child, law firm of parent(s) (if any)					

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				42 Report: 17/57	
2 FILER NAME	Lipscombe, John		3 ACCOUNT# (E	Ethics Commission filers)	
			00012345		
4 Date	5 Full name of contributor out-of-state PAC (ID# Gibson, Kenneth	·	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
10/29/2007	6 Contributor address; City; State; Zip Code 700 Lavaca St Ste 1010 Austin, TX 78701		\$500.00		
	·		(If travel outside of	Texas, complete Schedule T)	
9 Contributor's p Attorney	rincipal occupation	10 Contributor's job	title		
11 Contributor's e self	employer / law firm	12 Law firm of contr	ributor's spouse (if an	y)	
13 If contributor is a child, law firm of parent(s) (if any)					
Date	Full name of contributor out-of-state PAC (ID#	;)	Amount of	In-kind contribution	
	Gibson, Kenny		contribution (\$)	description (if applicable)	
0010010007					
09/26/2007	Contributor address; Clty; State; Zip Code 700 Lavaca Street Suite 1010		\$500.00		
	Austin, TX 78701				
_			(If travel outside of	Texas, complete Schedule T)	
Contributor's p Attorney	orincipal occupation	Contributor's job	title		
Contributor's e self	mployer / law firm	Law firm of contributor's spouse (if any)			
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor	!)	Amount of	in-kind contribution	
	Goodman, Erik		contribution (\$)	description (if applicable)	
08/30/2007	Contributor address; City; State; Zip Code 1012 Rio Grande		\$250.00		
	Austin, TX 78701		(If travel outside of	Texas, complete Schedule T)	
Contributor's p	principal occupation	Contributor's job	title		
Contributor's e self	employer / law firm	Law firm of contr	ributor's spouse (if an	y)	
If contributor is	s a child, law firm of parent(s) (if any)				

POLITICAL CONTRIBUTIONS

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The I NSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 16/42 Report: 18/57			
2 FILER NAME	Lipscombe, John			Ethics Commission filers)		
4 Date	5 Full name of contributor	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
10/02/2007	6 Contributor address; City; State; Zip Code 600 W. 13th Street Austin, TX 78701		\$350.00 l			
			(if travel outside of 1	Texas, complete Schedule T)		
9 Contributor's p Attorney	principal occupation	10 Contributor's job	title			
11 Contributor's e self	employer / law firm	12 Law firm of contr	ributor's spouse (if an	у)		
13 If contributor is a child, law firm of parent(s) (if any)						
Date	Full name of contributor	<u>;</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
08/30/2007	Contributor address; City; State; Zip Code 1012 Rio Grande		\$250.00			
	Austin, TX 78701		(If travel outside of 1	exas, complete Schedule T)		
Contributor's p Attorney	principal occupation	Contributor's job	title			
Contributor's e self	employer / law firm	Law firm of contributor's spouse (if any)				
If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor out-of-state PAC (ID:	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
08/22/2007	Contributor address; City; State; Zip Code 600 West Ninth Street	• • • • • • • • • • • • • • • • • • • •	\$1,000.00			
	Austin, TX 78701	4444,4444	(If travel outside of 1	exas, complete Schedule T)		
Contributor's p	orincipal occupation	Contributor's job	tile			
Contributor's employer / law firm Gunter and Bennett P.C.		Law firm of conti	ributor's spouse (if an	y)		
If contributor is	s a child, law firm of parent(s) (if any)					

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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	
		Schedule: 17/42 Report: 19/57		
2 FILER NAME	Lipscombe, John		3 ACCOUNT# (E	Ethics Commission filers)
			00012345	
4 Date	5 Full name of contributor out-of-state PAC (ID# Harding, Lisa		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/29/2007	6 Contributor address; City; State; Zip Code P.O. Box 27527 Austin, TX 78755		\$100.00	
	·		(if travel outside of	Texas, complete Schedule T)
9 Contributor's	orincipal occupation	10 Contributor's job	title	
	employer / law firm of Lisa Harding P.C.	12 Law firm of cont	ributor's spouse (if an	у)
13 If contributor is	s a child, law firm of parent(s) (if any)			
Data	Full passe of contributes Fig. out of state BAC (IDs		A	In-kind contribution
Date	Full name of contributor	·	Amount of contribution (\$)	description (if applicable)
10/29/2007	Contributor address; City; State; Zip Code 1307 Nueces St Austin, TX 78701		\$500.00	
	, , , , , , , , , , , , , , , , , , , ,		(if travel outside of	Texas, complete Schedule T)
Contributor's p	principal occupation	Contributor's job	<u> </u>	
	employer / law firm and Holub LLP	Law firm of contributor's spouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)			1 ash
Date	Full name of contributor	\	Amount of	In-kind contribution
Date	Howell Jr., Watson	·	contribution (\$)	description (if applicable)
11/30/2007	Contributor address; City; State; Zip Code 3718 Steck Ave		\$100.00	
	Austin, TX 78759		(If travel outside of	Fexas, complete Schedule T)
Contributor's p	principal occupation	Contributor's job	<u> </u>	
Contributor's employer / law firm self		Law firm of cont	ributor's spouse (if an	у)
If contributor is	s a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS

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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#
2 FILER NAME	Lipscombe, John		Schedule: 18/42 Report: 20/57 3 ACCOUNT # (Ethics Commission filers)
Z FILEN MANG	Lipscombe, som		00012345
4 Date 11/01/2007	5 Full name of contributor out-of-state PAC (ID# Hunt Jr., Russell 6 Contributor address; City; State; Zip Code		7 Amount of 8 In-kind contribution description (if applicable)
	PO Box 1758 Georgetown, TX 78627		1
			(If travel outside of Texas, complete Schedule T)
9 Contributor's p Attorney	principal occupation	10 Contributor's job	o title
11 Contributor's e Russell D. H	employer / law firm unt Jr. Attorney at Law	12 Law firm of cont	ributor's spouse (if any)
13 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor)	Amount of In-kind contribution contribution (\$) description (if applicable)
08/30/2007	Contributor address; City; State; Zip Code 1012 Rio Grande Austin, TX 78701		\$250.00
Contributor's p	vincipal occupation	Contributor's job	<u> </u>
Contributor's e self	mployer / law firm	Law firm of cont	ributor's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor)	Amount of In-kind contribution contribution (\$) description (if applicable)
11/28/2007	Contributor address; City; State; Zip Code 1012 Rio Grande Austin, TX 78701	• • • • • • • • • • • • • • • • • • • •	\$250.00
!	,		(If travel outside of Texas, complete Schedule 1)
Contributor's p	rincipal occupation	Contributor's job	title
Contributor's e lan Inglis Atte	mployer / law firm orney at Law	Law firm of cont	ributor's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		

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			· · · · · · · · · · · · · · · · · · ·	Schedule: 19	/42 Report: 21/57
2 FILER NAME	Lipscombe, John			3 ACCOUNT#	(Ethics Commission filers)
				00012345	
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/19/2007	6 Contributor address; City; State; Zip Code PO Box 1146 Austin, TX 77806			\$500.00	
				(if travel outside of	Texas, complete Schedule T)
9 Contributor's	I principal occupation	10	Contributor's job	<u> </u>	
o contained of	oranopal cocapation		0011010010101010		
11 Contributor's e James and F	employer / faw firm Reynolds	12	Law firm of conti	ributor's spouse (if a	ny)
13 If contributor is	s a child, law firm of parent(s) (if any)			•	
TO TO COMMISSION IN	o a dilia, lati lilito polotico, (ii dily)				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
44/04/0007	, <i>, ,</i>				I
11/01/2007	Contributor eddress; City; State; Zip Code 1307 Nueces St Austin, TX 78701			\$250.00	l 1
	Ausun, 1270701				
			:	L	Texas, complete Schedule T)
Contributor's p Attorney	principal occupation		Contributor's job	title	
Contributor's e self	employer / law firm	Law firm of contributor's spouse (if any)			
If contributor is	s a child, law firm of parent(s) (if any)				
ii continuator ii	or a sine, less into or perorito, to any,				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/04/2007	Contributor address; City; State; Zip Code			\$150.00	1
	4408 Spicewood Springs Austin, TX 78759				I
				(M travel curtains of	Tayan complete Schoolule Ti
			5 17 11 1	<u> </u>	Texas, complete Schedule T)
Attorney	principal occupation		Contributor's job	uue	
Contributor's e	employer / law firm		Law firm of contr	ributor's spouse (if a	ny)
			_		
If contributor is	s a child, law firm of parent(s) (if any)		· · · · · · · · · · · · · · · · · · ·		

OTHER	THAN PLEDGES OR LOA	אומטנ) פא	IAL)		
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			Schedule: 20/42 Report: 22/57		
2 FILER NAME	Lipscombe, John		3 ACCOUNT#	(Ethics Commission filers)	
			00012345		
4 Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) Rent	
09/01/2007	6 Contributor address; City; State; Zip Code 507 W 10th St Austin, TX 78701		\$500.00	! ! !	
			(If travel outside of	Texas, complete Schedule T)	
9 Contributor's p	principal occupation	10 Contributor's job	title	·	
11 Contributor's e	employer / law firm	12 Law firm of cont	ributor's spouse (if a	ny)	
13 If contributor is a child, law firm of parent(s) (if any)					
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable) Rent	
10/01/2007	Contributor address; City; State; Zip Code 507 W 10th St		\$500.00	! !	
	Austin, TX 78701		(if travel outside of	Texas, complete Schedule T)	
Contributor's p	principal occupation	Contributor's job title			
Contributor's e	imployer / law firm	Law firm of contributor's spouse (if any)			
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor ☐ out-of-state PAC (ID# Kevin Boyd and Associates	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/01/2007	Contributor address; City; State; Zip Code 507 W 10th St		\$500.00	!	
	Austin, TX 78701		/if travel outside of	Texas, complete Schedule T)	
Contributors	rincipal occupation	Contributor's job	<u> </u>	The state of the s	
Contributor 9 p	пистра оссораном	Contabulor s joo		_	
Contributor's e	employer / law firm	Law firm of conti	ributor's spouse (if a	ny)	
If contributor is	s a child, law firm of parent(s) (if any)				

 					
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2 FILER NAME	Lipscombe, John			3 ACCOUNT#	(Ethics Commission filers)
				00012345	
4 Date	5 Full name of contributor ut-of-state PAC (ID	<u> </u>)	7 Amount of	8 In-kind contribution
	Kevin Boyd and Associates			contribution (\$)	description (if applicable)
40/04/0007				#500.00	
12/01/2007	6 Contributor address; City; State; Zip Code			\$500.00	1
	507 W 10th St Austin, TX 78701				1
i	1				·
				<u> </u>	f Texas, complete Schedule T)
9 Contributor's	principal occupation	10	Contributor's job	title	
11 Contributor's	employer / law firm	12	Law firm of cont	ributor's spouse (if a	iny)
40 14 11 1					
13 if contributor	is a child, law firm of parent(s) (if any)				
Date	Full name of contributor ut-of-state PAC (ID:)	Amount of	In-kind contribution
	Kohler, Anne			contribution (\$)	description (if applicable)
10/25/2007	Contributor address; City; State; Zip Code			\$100.00	i I
	3902 Idlewild				i
	Austin, TX 78731				_
				(If travel outside o	Texas, complete Schedule T)
	principal occupation	İ	Contributor's job	title	
retired			retired		
Contributor's	employer / faw firm		Law firm of cont	ributor's spouse (if a	nv)
retired					••
16		<u> </u>			
if contributor (s a child, law firm of parent(s) (if any)				
Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In-kind contribution
	Kuhn Doyle and Kuhn			contribution (\$)	description (if applicable)
					İ
11/01/2007	Contributor address; City; State; Zip Code			\$500.00	,
	603 W. 8th St				
	Austin, TX 78701				•
				(if travel outside of	Texas, complete Schedule T)
Contributor's	orincipal occupation		Contributor's Job	title	
		!			
Contributor's	employer / law firm		Law firm of cont	ributor's spouse (if a	mu)
Kuhn Doyle	• •	ı	Caw min or cont	in) ecucide e ionium	11 7)
					<u> </u>
if contributor i	s a child, law firm of parent(s) (if any)				

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2	FILER NAME	Lipscombe, John			Ethics Commission filers)	
4	Date 11/29/2007	Kuhn Doyle and Kuhn		7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable) Event Location Texas, complete Schedule T)	
9	Contributor's p	I principal occupation	10 Contributor's job	<u> </u>		
11	Contributor's e Kuhn Doyle a	employer / law firm and Kuhn	12 Law firm of conti	ributor's spouse (if an	iy)	
13	13 If contributor is a child, law firm of parent(s) (if any)					
	Date	Full name of contributor	*	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	11/29/2007	Contributor address; City; State; Zip Code 111 Congress Avenue Ste 1080 Austin, TX 78701	,	\$250.00	Texas, complete Schedule T)	
	Contributor's p	orincipal occupation	Contributor's job	title		
		employer / law firm of Larry Laden	Law firm of contr	Law firm of contributor's spouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)	-			
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	11/01/2007	Contributor address; City; State; Zip Code 6509 Betty Cook Dr Austin, TX 78723		\$100.00	Texas, complete Schedule T)	
	Contributor's p Court Chief	orincipal occupation	Contributor's job Court Chief	title		
		employer / law firm ty Attorney Office	Law firm of contr	ributor's spouse (if an	iy)	
•	If contributor is	s a child, law firm of parent(s) (if any)				

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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#		
			Schedule: 23/42 Report: 25/57		
2 FILER NAME	Lipscombe, John		3 ACCOUNT # (Ethics Commission filers)		
			00012345		
4 Date	5 Full name of contributor	#	7 Amount of contribution (\$) 1 8 In-kind contribution (description (if applicable)		
09/24/2007	6 Contributor address; City; State; Zip Code 1307 West Ave Austin, TX 78701		\$1,250.00 		
			(if travel outside of Texas, complete Schedule T)		
9 Contributor's p	orincipal occupation	10 Contributor's job) title		
11 Contributor's e attorney	employer / ław firm	12 Law firm of contr	tributor's spouse (if any)		
13 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#	4)	Amount of In-kind contribution		
	Lee, Steven	·	contribution (\$) description (if applicable)		
	1				
11/01/2007	Contributor address; City; State; Zip Code 603 West 17th St Austin, TX 78701	• • • • • • • • • • • • • • • • • • •	\$250.00 		
			(If travel outside of Texas, complete Schedule T)		
Contributor's pattorney	principal occupation	Contributor's job	o title		
	employer / law firm see Attorney at Law	Law firm of contributor's spouse (if any)			
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor ut-of-state PAC (ID#	‡ }	Amount of In-kind contribution		
	Lipscombe, Betty Jo Howard	·	contribution (\$) description (if applicable)		
08/12/2007	Contributor address; City; State; Zip Code 105 Senisa Ct Buchanan Dam, TX 78609		\$5,000.00		
			(If travel outside of Texes, complete Schedule T)		
Contributor's p retired	nincipal occupation	Contributor's job retired	o title		
Contributor's e retired	mployer / law firm	Law firm of contr	tributor's spouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)				

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I NO ENSTRUCTION	on Guide explains how to complete this form.			Schedule: 24	/42 Report: 26/57	
2 FILER NAME	Lipscombe, John			3 ACCOUNT# (3 ACCOUNT # (Ethics Commission filers)	
				00012345		
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
12/03/2007	6 Contributor address; City; State; Zlp Code 8617 Minot Circle Austin, TX 78748			\$500.00	 	
				(if travel outside of	Texas, complete Schedule T)	
9 Contributor's p	principal occupation	10	Contributor's job	title	· .	
11 Contributor's e Mike K Luna	•	12	Law firm of contr	ributor's spouse (if a	ny)	
13 If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor)	Amount of	In-kind contribution	
	Maguire, Michael			contribution (\$)	description (if applicable)	
11/01/2007	Contributor address; City; State; Zip Code 502 W 14th St		. , ,	\$250.00	 	
	Austin, TX 78701				1	
				(if travel outside of	Texas, complete Schedule T)	
Contributor's p	orincipal occupation		Contributor's job	title	, "	
	employer / law firm faguire Atty at Law		Law firm of contr	ributor's spouse (if a	ny)	
If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor)	Amount of	In-kind contribution	
	Mange, William			contribution (\$)	description (if applicable)	
10/04/2007	Contributor address; City; State; Zip Code 3301 Northland Suite 215			\$250.00	{ 	
	Austin, TX 78731			(if travel outside of	Texas, complete Schedule T)	
Contributor's pattorney	rincipal occupation		Contributor's job	title		
Contributor's e William B. M	employer / law firm ange P.C.		Law firm of conti	ributor's spouse (if ar	ny)	
If contributor is	s a child, law firm of parent(s) (if any)		- · · · · · · · · · · · · · · · · · · ·			

The I watructs	ON GUIDE explains how to complete this form.			1 PAGE#	
				Schedule: 25/42 Report: 27/57	
2 FILER NAME	Lipscombe, John			3 ACCOUNT # (Ethics Commission filers)	į.
				00012345	
4 Date	5 Full name of contributor out-of-state PAC (I Martinez, Gilbert	D#)	7 Amount of 8 In-kind contribution contribution (\$) 8 In-kind contribution (if application (if application)	n abie)
11/30/2007	6 Contributor address; City; State; Zip Code 608-B West Oltorf Austin, TX 78704	 e		\$100.00	
				(If travel outside of Texas, complete Schedule	ם ת
9 Contributor's p Attorney	principal occupation	10	Contributor's job) title	
11 Contributor's e	employer / law firm	12	Law firm of conti	ributor's spouse (if any)	
13 If contributor is	is a child, law firm of parent(s) (if any)				
Date	Full name of contributor	D#		Amount of In-kind contribution contribution (\$) description (if application)	n able)
11/29/2007	Contributor address; City; State; Zip Code 40 I H 35 North 74C2 Austin, TX 78701	, B		\$100.00	
				(if travel outside of Texas, complete Schedule	ъ 🗆
	principal occupation nily Violence Unit		Contributor's job Director Family	<u> </u>	· -
	employer / law firm ty Attorney Office		Law firm of contributor's spouse (if any)		
If contributor is	is a child, law firm of parent(s) (if any)				
Date	Full name of contributor	D#		Amount of In-kind contribution contribution (\$) description (if application in the contribution in the con	
11/27/2007	Contributor address; City; State; Zip Code P.O. Box 13223 Austin, TX 78711	 B		\$100.00	
				(If travel outside of Texas, complete Schedule	n 🗆
Contributor's p	I principal occupation		Contributor's job		<u></u>
	employer / law firm Finance Committee		Law firm of contr	ributor's spouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)				

	OIIILI	THAN FLEDGES OR EOA	110	(JODIC	IAL)		
	The Instruction	พ Guide explains how to complete this form.			1 PAGE#		
_					Schedule: 26/42 Report: 28/57		
2	FILER NAME	Lipscombe, John			3 ACCOUNT#(Ethics Commission filers)	
<u> </u>					00012345		
4	Date	5 Full name of contributor out-of-state PAC (ID# McCormick, Donna Beth	‡		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	11/19/2007	6 Contributor address; City; State; Zip Code 5703 Shoalwood Avenue Austin, TX 78756			\$100.00	 	
					(if travel outside of	Texas, complete Schedule T)	
9	Contributor's pretired	orincipal occupation	10	Contributor's job retired	title		
11	Contributor's e retired	employer / law firm	12	Law firm of contr	ributor's spouse (if ar	ny)	
13	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-state PAC (ID#	<u> </u>		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	11/30/2007	Contributor address; City; State; Zip Code 901 S MOPAC Expy	• • •		\$100.00	 	
		Austin, TX 78746			(if travel outside of	Texas, complete Schedule T)	
	Contributor's p	principal occupation		Contributor's job	title		
		employer / law firm ry Attorney at Law	Law firm of contributor's spouse (if any)				
	If contributor is	s a child, law firm of parent(s) (if any)					
•	Date	Full name of contributor			Amount of contribution (\$)	In-kind contribution description (if applicable)	
	11/29/2007	Contributor address; City; State; Zip Code 907 McPhaul	.		\$2,500.00	 	
		Austin, TX 78758			(if travel outside of	Texas, complete Schedule T)	
	Contributor's p Principal	rincipal occupation		Contributor's job Principal	title		
		mployer / law firm ilhim DBA Big A Towing		Law firm of contr	ributor's spouse (if ar	ny)	
_	If contributor is	s a child, law firm of parent(s) (if any)				· · · · · · · · · · · · · · · · · · ·	

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THE INSTRUCTA			Schedule: 27	/42 Report: 29/57
2 FILER NAME	Lipscombe, John		3 ACCOUNT# (Ethics Commission filers)
			00012345	
4 Date	5 Full name of contributor ut-of-state PAC (ID# Minton Burton Foster and Collins	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/10/2007	6 Contributor address; City; State; Zip Code 1100 Guadalupe Street Austin, TX 78701		\$2,500.00	
			(if travel outside of	Texas, complete Schedule T)
9 Contributor's p	orincipal occupation	10 Contributor's job	title	
11 Contributor's e Minton Burto	employer / law firm in Foster Collins P.C.	12 Law firm of conti	ributor's spouse (if a	ny)
13 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/26/2007	Contributor address; City; State; Zip Code 503 W 14th St	• • • • • • • • • • • • • • • • • • • •	\$250.00	ι
	Austin, TX 78701		(if travel outside of	Texas, complete Schedule T)
Contributor's p Attorney	vincipal occupation	Contributor's job	title	
Contributor's e self	mployer / law firm	Law firm of conti	ributor's spouse (if a	ny)
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable) Fundraiser Catering
11/01/2007	Contributor address; City; State; Zip Code 508 W 14th St		\$2,400.00	'
	Austin, TX 78701		(If travel outside of	Texas, complete Schedule T)
Contributor's p Attorney	rincipal occupation	Contributor's job Attorney	title	·
Contributor's e Self	mployer / law firm	Law firm of conti NA	ributor's spouse (if a	ny)
If contributor is NA	a child, law firm of parent(s) (if any)	NA		

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	The I NSTRUCTU	OF GUIDE explains how to complete this form.		1 PAGE#	
				Schedule: 28/	42 Report: 30/57
2	FILER NAME	Lipscombe, John		3 ACCOUNT# (Ethics Commission filers)
				00012345	
4	Date	5 Full name of contributor	<u>'</u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/01/2007	6 Contributor address; City; State; Zip Code P.O. Box 160881 Austin, TX 78716		\$200.00	
				(if travel outside of	Texas, complete Schedule T)
9	Contributor's p Attorney	rincipal occupation	10 Contributor's job	title	
11	Contributor's e self	mployer / law firm	12 Law firm of cont	ributor's spouse (if ar	ny)
13	If contributor is	a child, law firm of parent(s) (if any)			
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In-kind contribution
		Oden, Ken		contribution (\$)	description (if applicable)
	10/18/2007	Contributor address; City; State; Zip Code 1506 Gaston Ave Austin, TX 78703		\$1,000.00	
				(If travel outside of	Texas, complete Schedule T)
	Contributor's p	rincipal occupation	Contributor's job	title	
		mployer / law firm oggan Blair Sampson	Law firm of contributor's spouse (if any)		
	16		· · · · <u></u>		
	ir contributor is	a child, law firm of parent(s) (If any)			
	Date	Full name of contributor)	Amount of	In-kind contribution
		Orr and Olavson P.C.		contribution (\$)	description (if applicable)
	08/30/2007	Contributor address; City; State; Zip Code	• • • • • • • • • •	\$250.00	
		804 Rio Grande Street Austin, TX 78701			
		7.55		(If travel outside of	Texas, complete Schedule T)
	Contributor's o	rincipal occupation	Contributor's job	<u> </u>	Texas, complete deflection ()
	Contributor 5 p	пофилософиям	Consideration 3 job	400	
Contributor's employer / law firm Orr and Olavson P.C.		· ·	Law firm of contr	ributor's spouse (if ar	y)
	If contributor is	a child, law firm of parent(s) (if any)	• •		

1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

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The Instruction	ow Guide explains how to complete this form.			1 PAGE#	
ING INSTRUCTION	on Solde explains now to complete this form.			Schedule: 29	/42 Report: 31/57
2 FILER NAME	Lipscombe, John			3 ACCOUNT# (Ethics Commission filers)
				00012345	
4 Date	5 Full name of contributor out-of-state PAC (ID: Orr and Olavson P.C.	<u> </u>		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/02/2007	6 Contributor address; City; State; Zip Code 804 Rio Grande St Austin, TX 78701			\$500.00	! !
				(if travel outside of	Texas, complete Schedule T)
9 Contributor's p	orincipal occupation	10	Contributor's job	title	
11 Contributor's of Orr and Olav		12	Law firm of cont	ributor's spouse (if a	ny)
13 If contributor is	s a child, law firm of parent(s) (if any)	•			
Date	Full name of contributor	<u>#</u>		Amount of contribution (\$)	In-kind contribution description (if applicable)
08/30/2007	Contributor address; City; State; Zip Code 1012 Rio Grande			\$250.00	[1 1
	Austin, TX 78701			(if travel outside of	Texas, complete Schedule T)
Contributor's p Attorney	principal occupation		Contributor's job	title	
Contributor's e self	employer / law firm		Law firm of cont	ributor's spouse (if a	ny)
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor	<u> </u>		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/07/2007	Contributor address; City; State; Zip Code 6409 Gouldville Court Austin, TX 78739			\$250.00	!
				(If travel outside of	Texas, complete Schedule T)
Contributor's p Attorney	I. principal occupation		Contributor's job	L '	
Contributor's e	employer / law firm		Law firm of cont	ributor's spouse (if a	ny)
If contributor is	s a child, law firm of parent(s) (if any)				

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2 FILER NAME	Lipscombe, John			3 ACCOUNT# (Ethics Commission filers)
				00012345	
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/26/2007	6 Contributor address; City; State; Zip Code 819 1/2 West 11th St Austin, TX 78701			\$250.00	 -
				(if travel outside of	Texas, complete Schedule T)
9 Contributor's p	orincipal occupation .	10	Contributor's job	title	
11 Contributor's e Philip R. Pre	employer / law firm sse Attorney at Law	12	Law firm of conti	ributor's spouse (if a	ny)
13 If contributor is a child, law firm of parent(s) (if any)					
Date	Full name of contributor	<u> </u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/05/2007	Contributor address; City; State; Zip Code 2309 Falcon Hill Drive Austin, TX 78745			\$100.00	! !
				(if travel outside of	Texas, complete Schedule T)
Contributor's p Research At	rincipal occupation ty		Contributor's job Research Atty	title	
Contributor's e Travis Count	mployer / law firm y	Law firm of contributor's spouse (if any)			
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor	¥		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/01/2007	Contributor address; City; State; Zip Code 812 W 11th St Austin, TX 78701	• •	• • • • • • • • • •	\$250.00	1
				(If travel outside of	Texas, complete Schedule T)
Contributor's p Attorney	rincipal occupation		Contributor's job	tille	
Contributor's e self	imployer / law firm		Law firm of contr	ributor's spouse (if a	ny)
If contributor is	a child, law firm of parent(s) (if any)				

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THE INSTRUCTION	Solution of the state of the st			Schedule: 31	/42 Report: 33/57
2 FILER NAME	Lipscombe, John			3 ACCOUNT#	(Ethics Commission filers)
				00012345	
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/16/2007	6 Contributor address; City; State; Zip Code 900-B West 18th Street Austin, TX 78701	• • •		\$75.00	
	<u></u>	146		L	Texas, complete Schedule T)
9 Contributor's pretired	orincipal occupation	10	Contributor's job retired	title	
11 Contributor's e retired	employer / law firm	12	Law firm of contr	ributor's spouse (if a	ny)
13 If contributor is	s a child, law firm of parent(s) (if any)	<u></u>			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/10/2007	Contributor address; City; State; Zip Code 1012 Rio Grande			\$250.00	
	Austin, TX 78701			(if travel outside of	Texas, complete Schedule T)
Contributor's p	principal occupation		Contributor's job	title	
E .	employer / law firm ynoids Attorney		Law firm of contributor's spouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor	#		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/01/2007	Contributor address; City; State; Zip Code 902 Rio Grande Austin, TX 78701		· • • • • • • • • • • • • • • • • • • •	\$250.00	!
				(if travel outside of	Texas, complete Schedule T)
Contributor's r	principal occupation		Contributor's job		10x20, 00x1p200 00x120 1/
OOMANDE OF S	micipal occupation.		00111100101 3 300		
	employer / law firm f Sandra Ritz		Law firm of contr	ributor's spouse (if a	ny)
If contributor is	s a child, law firm of parent(s) (if any)				

Texas Ethics Commission

POLITICAL CONTRIBUTIONS

	OTHER	THAN PLEDGES OR LOAD	149 (30010	:AL)		
	The Instruction	GUIDE explains how to complete this form.		1 PAGE#		
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2	FILER NAME	Lipścombe, John		3 ACCOUNT # (Ethics Commission filers)		
		·		00012345		
4	Date	5 Full name of contributor	!)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/31/2007	6 Contributor address; City; State; Zip Code PO Box 2526 Austin, TX 78768		\$100.00		
				(if travel outside of	Texas, complete Schedule T)	
9	Contributor's p	rincipal occupation	10 Contributor's job	title		
11		employer / law firm n Shepherd P.C. Attorney at Law	12 Law firm of contr	ributor's spouse (if ar	ny)	
13	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	11/26/2007	Contributor address; City; State; Zip Code 120 W Hopkins St		\$100.00	 	
		San Marcòs, TX 78666		(if travel outside of	Texas, complete Schedule T)	
	Contributor's partition of the Attorney	principal occupation	Contributor's job	itile		
	Contributor's e self	employer / law firm	Law firm of contributor's spouse (if any)			
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	11/20/2007	Contributor address; City; State; Zip Code 404 W 13th St		\$100.00	! 	
		Austin, TX 78701		(If travel outside of	Texas, complete Schedule T)	
	Contributor's p Attorney	principal occupation	Contributor's job	o title		
Contributor's employer / law firm self		Law firm of cont	ributor's spouse (if ar	ny)		
	If contributor is	s a child, law firm of parent(s) (if any)				

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The Instruction	GUIDE explains how to complete this form.		1 PAGE#	
			Schedule: 33/42 Report: 35/57	
2 FILER NAME	Lipscombe, John		3 ACCOUNT # (Ethics Commission filers)	
			00012345	
4 Date	5 Full name of contributor)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)	
10/30/2007	6 Contributor address; City; State; Zip Code 1704 Kinney Oaks Ct Austin, TX 78704		\$100.00	
			(If travel outside of Texas, complete Schedule T)	
9 Contributor's p Attorney	rincipal occupation	10 Contributor's job	o title	
11 Contributor's e self	omployer / law firm	12 Law firm of cont	ributor's spouse (if any)	
13 if contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor)	Amount of In-kind contribution contribution (\$) description (if applicable)	
12/01/2007	Contributor address; City; State; Zip Code 1704 Kinney Oaks Ct. Austin, TX 78704		\$100.00 .	
	Adding TATOTO		(If travel outside of Texas, complete Schedule T)	
Contributor's p Attorney	rincipal occupation	Contributor's job) title	
Contributor's e self	mployer / law firm	Law firm of contributor's spouse (if any)		
If contributor is	a child, law firm of parent(s) (if any)		· · · · · · · · · · · · · · · · · · ·	
Dete	Full name of contributor 📋 out-of-state PAC (ID#		Amount of I In-kind contribution	
Date	Full name of contributor	·	contribution (\$) description (if applicable)	
10/16/2007	Contributor address; City; State; Zip Code 1004 West Avenue		\$150.00	
	Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Contributor's p	rincipal occupation	Contributor's job	title	
Contributor's e self	mployer / law firm	Law firm of cont	ributor's spouse (if any)	
If contributor is	a child, law firm of parent(s) (if any)			

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2 FILER NAME	Lipscombe, John			3 ACCOUNT# (Ethics Commission filers)
				00012345	
4 Date	5 Full name of contributor	#			8 In-kind contribution
	Sawyer, Joe James			contribution (\$)	description (if applicable)
11/12/2007				\$250.00	l
1111272001	6 Contributor address; City; State; Zip Code 507 W 10th St			1 4200.00	 -
	Austin, TX 78701				l
				(If travel outside of	Texas, complete Schedule T)
9 Contributor's	principal occupation	10	Contributor's job	title	······································
11 Contributor's	employer / law firm	12	Law firm of contr	ributor's spouse (if ar	
1	Sawyer Attorney at Law				
45 4		<u> </u>			
13 if contributor is	s a child, law firm of parent(s) (if any)				
Date ·	Full name of contributor	#		Amount of	In-kind contribution
	Scanlan Buckle and Young P.C.			contribution (\$)	description (if applicable)
10/08/2007				\$250.00	
10/00/2007	Contributor address; City; State; Zip Code 602 W. 11th Street			1 4200.00	 -
	Austin, TX 78701				l
				(if travel outside of	Texas, complete Schedule T)
Contributor's p	principal occupation		Contributor's job	title	
Contributor's	employer / law firm		Law firm of contr	ributor's spouse (if ar	ny)
attomey	, ,				
If contributor is	s a child, law firm of parent(s) (if any)	<u> </u>			· · · · · · · · · · · · · · · · · · ·
ii Contributor a	s a crilid, law little of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
·	Shelton, Polk			Contribution (4)	description (in applicable)
11/29/2007	Outstand description of the Charles To Code	٠.		\$100.00	
	Contributor address; City; State; Zip Code 600 Little Oak Dr				!
	Austin, TX 78753				
				(If travel outside of	Texas, complete Schedule T)
Contributor's p	principal occupation		Contributor's job	title	
Attorney					
Contributor's	employer / law firm	\vdash	Law firm of contr	ributor's spouse (if ar	nv)
self	• •			ap maa (m = v	••
		L			· · · · · · · · · · · · · · · · · · ·
It contributor is	s a child, law firm of parent(s) (if any)				
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	,			Schedule: 35	/42 Report: 37/57
2 FILER NAME	Lipscombe, John			3 ACCOUNT#	(Ethics Commission filers)
				00012345	
4 Date	5 Full name of contributor	#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
08/30/2007	6 Contributor address; City; State; Zip Code 700 Lavaca Suite 1550 Austin, TX 78701			\$750.00	
				(If travel outside of	Texas, complete Schedule T)
9 Contributor's p	principal occupation	10	Contributor's job	title	
11 Contributor's of David A. Sho		12	Law firm of cont	ributor's spouse (if a	ny)
13 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/08/2007	Contributor address; City; State; Zip Code 10207 B River Plantation Dr Austin, TX 78747			\$250.00	
:	ŕ			(if travel outside of	Texas, complete Schedule T)
Contributor's p Attorney	principal occupation		Contributor's job	titie	
, Contributor's e	employer / law firm		Law firm of contr	ributor's spouse (if a	лу)
If contributor is	s a child, law firm of parent(s) (if any)				,
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/29/2007	Contributor address; City; State; Zip Code 1104 Nueces St Ste 202 Austin, TX 78701			\$1,000.00	1
				(If travel outside of	Texas, complete Schedula T)
Contributor's p Attorney	principal occupation		Contributor's job	title	
	employer / law firm nith Attorney at Law		Law firm of contr	ributor's spouse (if a	ny)
If contributor is	s a child, law firm of parent(s) (if any)				

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	<u> </u>		Schedule: 36/	42 Report: 38/57		
2 FILER NAME	Lipscombe, John		3 ACCOUNT# (Ethics Commission filers)		
			00012345	<u> </u>		
4 Date	5 Full name of contributor	ŧ)	7 Amount of contribution (\$)	8 fn-kind contribution description (if applicable)		
11/01/2007	6 Contributor address; City; State; Zip Code 5408 Hurlock Dr Austin, TX 78731		\$100.00	 		
			(if travel outside of	Texas, complete Schedule T)		
9 Contributor's p	nincipal occupation	10 Contributor's job	title			
11 Contributor's e Lawrence an		12 Law firm of contr	ributor's spouse (if ar	ıy)		
13 If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor	<u> </u>)	Amount of	In-kind contribution		
	Spears Jr., Franklin Scott		contribution (\$)	description (if applicable)		
09/07/2007			\$250.00	1		
05/07/2007	Contributor address; City; State; Zip Code Barton Oaks Plaza One Suite 420		\$200.00			
	901 MoPac Expwy S Austin, TX 78746		ļ			
	Austin, 12 /0/40		(if travel outside of	Texas, complete Schedule T)		
Contributor's p	rincipal occupation	Contributor's job	title			
Contributor's e Arenson and	mployer / law firm Spears	Law firm of contributor's spouse (if any)				
if contributor is	a child, law firm of parent(s) (if any)					
Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In-kind contribution		
	Stark, Nate	_	contribution (\$)	description (if applicable)		
11/28/2007	Contributor address; City; State; Zip Code	. ,	\$250.00			
	2011 Inverness Dr Round Rock, TX 78681					
			(If travel outside of	Texas, complete Schedule T)		
Contributor's p	rincipal occupation	Contributor's job	title			
Contributor's e self	mployer / law firm	Law firm of contr	ributor's spouse (if ar	ny)		
If contributor is	If contributor is a child, law firm of parent(s) (if any)					

POLITICAL CONTRIBUTIONS OTHER THAN DI EDGES OR LOAMS / HIDICIAL)

SCHEDULE A (J)

(512)463-5800

OTHER THAN PLEDGES OR LOANS (JUDICIAL)						
The Instruction	GuiDE explains how to complete this form.		1 PAGE # Schedule: 37/	/42 Report: 39/57		
2 FILER NAME	Lipscombe, John		3 ACCOUNT # (Ethics Commission filers)			
			00012345			
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Straight, Earl	*)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
11/01/2007	6 Contributor address; City; State; Zip Code 1515 W Koenig Ln Austin, TX 78756		\$100.00	1 1 1		
		:	(If travel outside of	Texas, complete Schedule T)		
9 Contributor's p	rincipal occupation	10 Contributor's job	title			
11 Contributor's e Law Offices	employer / law firm of Earl K. Straight	12 Law firm of conti	ributor's spouse (if ar	ny)		
13 If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
11/29/2007	Contributor address; Clty; State; Zip Code P.O. Box 1521 Austin, TX 78767		\$250.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Contributor's p Attorney	rincipal occupation	Contributor's job	title			
Contributor's e self	mptoyer / law firm	Law firm of contributor's spouse (if any)				
If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor	‡) .	Amount of contribution (\$)	In-kind contribution description (if applicable) Voter File		
08/31/2007	Contributor address; City; State; Zip Code 505 West 12th Street Ste 200		\$600.00	† 		
	Austin, TX		(If travel outside of	Texas, complete Schedule T)		
Contributor's p	rincipal occupation	Contributor's job	title			
Contributor's e	mployer / law firm	Law firm of contr	ributor's spouse (if a	ny)		
If contributor is	If contributor is a child, law firm of parent(s) (if any)					

					·
The Instruct	ON GUIDE explains how to complete this form.			1 PAGE#	
	ON COME Explains from to Complete this form.			Schedule: 38	/42 Report: 40/57
2 FILER NAME	Lipscombe, John			3 ACCOUNT#	(Ethics Commission filers)
				00012345	
4 Date	5 Full name of contributor out-of-state PAC (ID:	#)	7 Amount of	8 In-kind contribution
	The Law Offices of Brian Roark P.C.			contribution (\$)	description (if applicable)
09/24/2007				\$1,250.00	[
09/24/2007	6 Contributor address; City; State; Zip Code			\$1,250.00	!
ļ.	1307 West Ave Austin, TX 78701				1
				(If travel outside of	Texas, complete Schedule T)
9 Contributor's	principal occupation	10	Contributor's job	<u></u>	
00000000	printing of the second of the	``	01.12.01.01.01,02		
		<u> </u>	· - · · ·	<u> </u>	·
11 Contributor's attorney	employer / law firm	12	Law firm of centr	ributor's spouse (if a	uà)
allomey					
13 If contributor	s a child, law firm of parent(s) (If any)				· · · · · · · · · · · · · · · · · · ·
	•				
				· · · · · · · · · · · · · · · · · · ·	1 P. Landelle
Date	Full name of contributor out-of-state PAC (ID: The Martinez Law Firm	#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	The Martinez Law Firm				} [
11/01/2007	Contributor address; City; State; Zip Code			\$200.00	1 1
]	2101 S. IH 35 Ste 201				;
	Austin, TX 78741				
	<u></u>			(if travel outside of	Texas, complete Schedule T)
	principal occupation	l	Contributor's job	title	·.
attorney		l			
Contributor's	employer / law firm	Law firm of contributor's spouse (if any)			
The Martine	z Law Firm	l			
If contributor	s a child, law firm of parent(s) (if any)	Ц			
ii Contributor	s a Ciliu, law fifth of parent(s) (if any)				
Date	Full name of contributor ut-of-state PAC (ID:	#		Amount of	In-kind contribution
	Trumpler, Jason			contribution (\$)	description (if applicable)
08/07/2007				\$100.00	1
06/07/2007	Contributor address; City; State; Zip Code			\$100.00	1
	421 East 6th Street Austin, TX 78701				1
				(if travel outside of	Texas, complete Schedule T)
Contributor's	principal occupation	Г	Contributor's job	<u> </u>	,
attomey		l			
		—			
	employer / law firm fices of Jason Trumpler P.C.		Law firm of cont	ributor's spouse (if a	ny)
FHE LAW UT	iloss of Jason Trumpist F.C.		•		
if contributor	s a child, law firm of parent(s) (if any)				
F					

<u> </u>			<u> </u>			
The Instruction	ON QUIDE explains how to complete this form.			1 PAGE#		
THO THOMAS	on color explains flow to complete this form.			Schedule: 39/42 Report: 41/57		
2 FILER NAME	Lipscombe, John			3 ACCOUNT# ((Ethics Commission filers)	
				00012345		
4 Date	5 Full name of contributor	#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
10/29/2007	6 Contributor address; City; State; Zip Code 11217 Fitzhugh Rd Austin, TX 78736			\$500.00] i	
				(if travel outside of	Texas, complete Schedule T)	
9 Contributor's ; Attorney	nrincipal occupation	10	Contributor's job	<u> </u>		
11 Contributor's e	employer / law firm	12	Law firm of contr	ributor's spouse (if a	ny)	
13 If contributor is	s a child, law firm of parent(s) (if any)	. <u>. </u>				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/25/2007	Contributor address; City; State; Zip Code 404 West 13th St Austin, TX 78701			\$250,00	[[
				(if travel outside of	Texas, complete Schedule T)	
Contributor's p Attorney	principal occupation		Contributor's job	title		
Contributor's e self	employer / law firm	Law firm of contributor's spouse (if any)				
If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/07/2007	Contributor address; City; State; Zip Code 1208 West Ave Austin, TX 78701	- • •		\$100.00	, 1	
				(If travel outside of	Texas, complete Schedule T)	
Contributors	principal occupation	Τ-	Contributor's job	<u> L` </u>		
Attorney	vinopai occupatori					
Contributor's e	employer / law firm		Law firm of cont	ributor's spouse (if a	ny)	
If contributor is	If contributor is a child, law firm of parent(s) (if any)					

			,	
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	
			Schedule: 40/	42 Report: 42/57
2 FILER NAME	Lipscombe, John		3 ACCOUNT# (Ethics Commission filers)
			00012345	
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/30/2007	6 Contributor address; City; State; Zip Code 1104 Nueces St Ste 207 Austin, TX 78701		\$100.00	
			(if travel outside of	Texas, complete Schedule T)
9 Contributor's pattomey	principal occupation	10 Contributor's job	title	
11 Contributor's e Watson M. H	employer / law firm Howell Jr. Attorney	12 Law firm of cont	ributor's spouse (if ar	ny)
13 If contributor is	s a child, law firm of parent(s) (If any)			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/01/2007	Contributor address; City; State; Zip Code 502 W 13th St Austin; TX 78701		\$500.00	f t I
			(If travel outside of	Texas, complete Schedule T)
Contributor's p	principal occupation	Contributor's job	title	,
	employer / law firm eddington Atty at Law	Law firm of cont	ributor's spouse (if ar	ny)
If contributor is	s a child, law firm of parent(s) (if any)	, ,		•
Date `	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/31/2007	Contributor address; City; State; Zip Code 1602 E. 7th St Austin, TX 78702		\$100.00	
			(if travel outside of	Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	i title	
	employer / law firm nes Attorney at Law	Law firm of cont	ributor's spouse (if ar	ny)
If contributor is	s a child, law firm of parent(s) (if any)			

SCHEDULE A (J)

1-800-325-8506

OTHER	THAN PLEDGES OR LOA	M9 (JUDIC	IAL)	
The Instruction	Guide explains how to complete this form.		1 PAGE#	
	<u> </u>		Schedule: 41/42 Report: 43/57	
2 FILER NAME	Lipscombe, John		3 ACCOUNT # (Ethics Commission filers)	
4 5	5 E. H		00012345	
4 Date	5 Full name of contributor out-of-state PAC (ID) White, Bill	*	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)	
11/01/2007	6 Contributor address; City; State; Zlp Code 1307 West Ave Austin, TX 78701		\$500.00	
	•		(If travel outside of Texas, complete Schedule T)	
9 Contributor's p	orincipal occupation	10 Contributor's job	title	
11 Contributor's e Law Office o	employer / law firm f William A. White P.C.	12 Law firm of cont	ributor's spouse (if any)	
13 If contributor is	s a child, law firm of parent(s) (if any)			
5-4-	Cultural Manager Programme Control of the Control o		Annual S. D. Land and Hustin	
Date	Full name of contributor		Amount of In-kind contribution contribution (\$) description (if applicable)	
11/29/2007	Contributor address; City; State; Zip Code 7301 Camp Cove		\$250.00	
	Austin, TX 78749		(If travel outside of Texas, complete Schedule T)	
Contributor's p	nincipal occupation	Contributor's job	title	
unknown				
Contributor's e	employer / law firm	Law firm of contributor's spouse (if any)		
unknown				
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor 📋 out-of-state PAC (ID	! \	Amount of In-kind contribution	
odie	Williams and Forsythe	·	contribution (\$) description (if applicable)	
11/01/2007	Contributor address; City; State; Zlp Code		\$2,500.00	
!	Austin, TX 78701			
			(If travel outside of Texas, complete Schedule T)	
Contributor's pattorneys	rincipal occupation	Contributor's job	title	
Contributor's e Williams and	mployer / law firm Forsythe	Law firm of cont	ributor's spouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)			

The I NSTRUCTE	ON GUIDE explains how to complete this form.			1 PAGE#	140 Danadi 44/57
					/42 Report: 44/57
2 FILER NAME	Lipscombe, John		:	3 ACCOUNT# ((Ethics Commission filers)
				00012345	
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/06/2007	6 Contributor address; City; State; Zip Code 4800 Craig Dr Austin, TX 78727			\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9 Contributor's p Deputy Cons	principal occupation stable	10	Contributor's job Deputy Consta		
11 Contributor's e Travis Count		12	Law firm of contr	ributor's spouse (if a	ny)
13 If contributor is	s a child, law firm of parent(s) (if any)	<u></u>			
Date	Full name of contributor	#		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/29/2007	Contributor address; City; State; Zip Code 821 W 11th St Austin, TX 78701		· • • • • • • • • • • • • • • • • • • •	\$100.00	
		 		(If travel outside of	Texas, complete Schedule T)
Contributor's p Attorney	principal occupation		Contributor's job Attorney	title	
Contributor's e Self	employer / law firm		Law firm of contributor's spouse (if any) Judge		
If contributor is	s a child, law firm of parent(s) (if any)	<u> </u>			
NA	•		NA		
Date	Full name of contributor	¥		Amount of contribution (\$)	In-kind contribution description (if applicable)
08/30/2007	Contributor address; City; State; Zip Code 1012 Rio Grande Austin, TX 78701			\$250.00	'
]			ĺ	(if travel outside of	Texas, complete Schedule T)
Contributor's p Attorney	principal occupation		Contributor's Job	title	
Contributor's e self	employer / law firm		Law firm of contr	ributor's spouse (if ar	ny)
If contributor is	s a child, law firm of parent(s) (if any)				

Office held:

Office held:

Office held:

Office held:

Texas Ethics Com	mission P.O.Box 12070 Austin, Texas 7	8/11-20/0	(512)46	3-5800 1-800-325-8506
POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction	อพ Guide explains how to complete this form.		1 PAGE # Schedule: 6/9	Report: 51/57
2 FILER NAME	Lipscombe, John		3 ACCOUNT # 00012345	(Ethics Commission filers)
4 Date	5 Payee name Kolstad, Laura		<u> </u>	7 Amount (\$)
12/20/2007	6 Payee address; City; State; Zip Code 7108 Teaberry Dr Austin, TX 78745			\$1,500.00
8 Purpose of pay required.) Fundraising Con	yment (See instructions regarding type of information sultant	9 ** Complete if direct Candidate / Officehol		efit Candidate/Officeholder ''
(II	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Texas Democratic Party			Amount (\$)
08/22/2007	Payee address; City; State; Zip Code 505 W 12th St Austin, TX 78701			\$150.00
Purpose of pay required.) Voter File	yment (See instructions regarding type of information	"" Complete if direct Candidate / Officehol	t expenditure to bene ider name:	efit Candidate/Officeholder **
(H	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name TexBlog PAC			Amount (\$)
09/06/2007	Payee address; City; State; Zip Code 501 E Stassney Lane Apt 1010 Austin, TX 78745			\$100.00
Purpose of pay required.) Event	yment (See instructions regarding type of information	** Complete if direct Candidate / Officehol	t expenditure to bene lder name:	efit Candidate/Officeholder **
(н	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Travis County Democratic Party			Amount (\$)
12/27/2007	Payee address; City; State; Zip Code 1311 East 6th St Austin, TX 78702			\$750.00
Purpose of pay required.) Event Sponsorsh	ment (See instructions regarding type of information	** Complete if direct Candidate / Officehot		efit Candidate/Officeholder **
n.	farmed autoids of Toyne, complete Schedule 7)	Office sought:		

3217 N IH 35 Austin, TX 78722

required.)
Printing and signs

Purpose of payment (See instructions regarding type of information

	Office field:	
		Amount (\$)
•		\$9,902.98
	" Complete if direct expenditure to ber Candidate / Officeholder name:	efit Candidate/Officeholder **
	Office sought: Office held:	
		Electronic Filing Vension 3.3.0

Texas Ethics Con	nmission P.O.Box 12070 Austin, Texas 7	78711-2070	(512)463	3-5800 1-800-325-8506
POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 8/9	Report: 53/57
2 FILER NAME	Lipscombe, John		3 ACCOUNT# 00012345	(Ethics Commission filers)
4 Date	5 Payee name Worley's Printing Company Inc			7 Amount (\$)
10/18/2007	\$1,924.14			
required.)	yment (See instructions regarding type of information	9 * Complete if direct Candidate / Officehol		efit Candidate/Officeholder **
letterhead envelo	opes mailings If travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date .	Payee name Worley's Printing Company Inc			Amount (\$)
10/19/2007	Payee address; City; State; Zip Code 3217 North IH 35 Austin, TX 78722			\$713.00
required.)	yment (See instructions regarding type of information	" Complete if direct Candidate / Officehol	expenditure to bene der name:	efit Candidate/Officeholder **
postage (II	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Worley's Printing Company Inc			Amount (\$)
10/19/2007	Payee address; City; State; Zip Code 3217 North IH 35 Austin, TX 78722	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$384.29
Purpose of pay required.) letter print and m	yment (See instructions regarding type of information	** Complete if direct Candidate / Officehol	expenditure to bene der name;	afit Candidate/Officeholder **
•	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Worley's Printing Company Inc			Amount (\$)
10/23/2007	Payee address; City; State; Zip Code 3217 North IH 35 Austin, TX 78722			\$205.00
Purpose of pay required.) postage	yment (See instructions regarding type of information	** Complete if direct Candidate / Officehold	expenditure to bene der name:	efit Candidate/Officeholder **
/#	f travel outside of Texas, complete Schedule T)	Office sought:		

Office held:

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction	א Guide explains how to complete this form.	1 PAGE# Schedule: 1/3	Report: 55/	57
2 FILER NAME	Lipscombe, John	3 ACCOUNT# 00012345	(Ethics Comm	nission filers)
4 Date	5 Payee name Baker, Carson		8 Ar	mount (\$)
10/18/2007	6 Payee address; City; State; Zip Code 2208 Colquitt Houston, TX 77098			\$640.65
	7 Purpose of expenditure (See instructions regarding type of information requ Reimbursement to Matt Glazer for website use set up and data	ired.)	Reimb from p contrib Intende	outions
	(If travel outside of Texas, complete Schedule T)			
Date	Payee name Constant Contact		Ar	mount (\$)
11/15/2007	Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Rd Ste 329 Waltham, MA 02451			\$126.53
	Purpose of expenditure (See instructions regarding type of information requ Reimbursement to Matt Glazer for Email Service	ired.)	Reimb from p contrib intende	outions
	(If travel outside of Texas, complete Schedule T)		<u>l</u>	
Date	Payee name Constant Contact		Ar	mount (\$)
11/15/2007	Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Rd Ste 329 Waltham, MA 02451	••••		\$126.53
	Purpose of expenditure (See instructions regarding type of information requ Reimbursement to Matt Glazer for Email Service (If travel outside of Texas, complete Schedule T)	ired.)	Reimb from p contrib intende	outions
Date	Payee name Costco		Ar	mount (\$)
11/28/2007	Payee address; City; State; Zlp Code 4301 W. William Cannon Dr Ste 100 Austin, TX 78749			\$133.14
	Purpose of expenditure (See instructions regarding type of information requ Reimbursement to Laura Kolstad for Fundraiser Materials	ired.)	Reimb from p contrib intende	outions
	(If travel outside of Texas, complete Schedule T)		<u> </u>	
Date	Payee name Costco		. Ar	mount (\$)
11/28/2007	Payee address; City; State; Zip Code 4301 W. William Cannon Dr Ste 100 Austin, TX 78749	•••••		\$111.01
	Purpose of expenditure (See instructions regarding type of information requ Reimbursement to Laura Kolstad for Fundraiser Materials	ired.)	Reimbe from po contrib intende	utions
•	(If travel outside of Texas, complete Schedule T)		1 .	_

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

MADE I ROM I EROOMAE I ONDO						
The Instruction Guide explains how to complete this form. 1 PAGE # Schedule: 2/3		Report: 56/57				
2 FILER NAME	Lipscombe, John	3 ACCOUNT # 00012345	(Ethics	s Commission filers)		
4 Date	5 Payee name Costco		8	Amount (\$)		
11/28/2007	7 6 Payee address; City; State; Zip Code 4301 W. William Cannon Dr Ste 100 Austin, TX 78749			\$196.94		
	7 Purpose of expenditure (See instructions regarding type of information requestion Reimbursement to Laura Kolstad for Fundraiser Materials	uired.)		Reimbursement from political contributions intended		
	(If travel outside of Texas, complete Schedule T)		<u> </u>			
Date	Payee name Downtown Station Post Office			Amount (\$)		
10/18/2007	Payee address; City; State; Zip Code Downtown Station Austin, TX 78701			\$123.00		
	Purpose of expenditure (See instructions regarding type of information requestrements to Laura Kolstad for Stamps	uired.)		Reimbursement from political contributions intended		
	(If travel outside of Texas, complete Schedule T)		<u> </u>			
Date	Payee name HEB			Amount (\$)		
11/28/2007	Payee address; City; State; Zip Code 6900 Brodie Lane Austin, TX 78745			\$150.78		
	Purpose of expenditure (See instructions regarding type of information required.) Reimbursement to Laura Kolstad for Fundraiser Materials			Reimbursement from political contributions intended		
	(If travel outside of Taxas, complete Schedule T)					
Date	Payee name Office Depot			Amount (\$)		
10/15/2007	Payee address; City; State; Zip Code 2101 South Lamar Austin, TX 78704			\$94.76		
	Purpose of expenditure (See Instructions regarding type of information requirements to Laura Kolstad for Office Supplies	uired.)		Reimbursement from political contributions intended		
	(If travel outside of Texas, complete Schedule T)					
Date	Payee name Office Depot			Amount (\$)		
11/06/2007	Payee address; City; State; Zip Code 907 W. 5th St Austin, TX 78703			\$2 15.75		
	Purpose of expenditure (See instructions regarding type of information required Reimbursement to Matt Glazer for Office Supplies	uired.)		Reimbursement from political contributions intended		
	(If travel outside of Texas, complete Schedule T)			signado		

POLITICAL EXPENDITURES

SCHEDULE G

MADE	FROM PERSONAL FUNDS		<u> </u>	
The Instruction Guide explains how to complete this form. 1 PAGE # Schedule: 3/3			Repo	ort: 57/57
2 FILER NAME	Lipscombe, John	3 ACCOUNT# 00012345	(Ethic	s Commission filers)
4 Date	5 Payee name Office Max		8	Amount (\$)
10/18/2007	6 Payee address; City; State; Zip Code 907 W. 5th St Austin, TX 78703			\$80.97
	7 Purpose of expenditure (See instructions regarding type of information required Reimbursement to Laura Kolstad for Office Supplies (If travel outside of Texas, complete Schedule T)	uired.)		Reimbursement from political contributions intended
Date	Payee name Office Max			Amount (\$)
11/14/2007	Payee address; City; State; Zip Code 907 W. 5th St Austin, TX 78703			\$113.61
	Purpose of expenditure (See instructions regarding type of information requirements to Laura Kolstad for Office Supplies (If travel outside of Texas, complete Schedule T)	uired.)		Reimbursement from political contributions intended
Date	Payee name		<u> </u>	Amount
	Ridgways			(\$)
11/01/2007	Payee address; City; State; Zip Code 3217 N IH 35 Austin, TX 78704			\$66.25
	Purpose of expenditure (See instructions regarding type of information required.) Reimbursement to Andy Cates for Fundraiser Materials			Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)	·		